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**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, MAY 8th 2017**

**ATTENDANCE: FORUM MEMBERS AND ASSOCIATES**

Malcolm Alexander – Chair, Patients’ Forum

Adrian Dodd – Waltham Forest – Healthwatch

Alvin Kinch – Healthwatch England

Arif Mehmood - Newham

Arthur Muwonge – Croydon

Audrey Lucas - Enfield

Barry Hills – Kent

Catherine Gustaffe – Southwark

Christine Kenworthy - Kent

Garner Bertrand – Newham

Inez Taylor - Southwark

James Guest – Ealing Healthwatch

Jan Duke - Southwark – West Walworth

Jan Marriott - Richmond

John Larkin- Company Secretary

Jon Vangorph – Red Cross

Kathy West – Southwark – Executive Committee

Kye Gbangbola - Chair, Sickle Cell Society

Mary Leung – Harrow

Michael English - Lambeth

Mike Roberts - Hampshire

Rashid Ali Laher – Healthwatch Kingston

Robin Kenworthy - Kent

Sean Hamilton – Greenwich

Vic Hamilton - Greenwich

**- LAS Speaker– Briony Sloper, Deputy Director for Nursing and Quality**

**- Commissioner’s Representative –Sharon Afful, LAS Commissioning Team**

**APOLOGIES**

Angela Cross-Durrant – Kingston – Vice Chair

Colin Hill – Berkshire

David Payne – Southwark

Dr Singh -

Jos Bell – Socialist Health Association

Joseph Healy – Southwark - Forum President

Lynn Strother – City of London Healthwatch – Executive Committee

Natalie Teich – Healthwatch –Islington

Philip Ward – Hammersmith and Fulham

Sister Josephine Udine – Croydon- Vice Chair

1. **Minutes of April 10th 2017** were agreed a correct record.
2. **Matters arising**
   1. **Boots Pharmacy** continues to refuse to purchase and install defibrillators. A publicity campaign will begin shortly to assist Boots to see the benefits of installation.
   2. **Defibrillator Bill: Noted this Bill has been put forward by Maria Caulfield, MP for Lewes**. Agreed to invite the MP to address a future meeting of the Forum.
   3. **Emergency Operations Centre (EOC)** Visits – members were reminded to take the signed form and questionnaire with them when they visit, and to produce a report for the Forum after the visit. 10 members have agreed to attend EOC visits.
   4. Noted that the **LAS complaints leaflet**, although very well designed, may be too complex as a tool for explaining how the complaints investigation system works. Noted that the LAS target is to complete investigations within 7 weeks.
   5. **Clinical Strategy**: noted that although this has been agreed by the Board that no implementation plan has been produced. The year one clinical objectives are expected to be published in the LAS Business Plan for 2017-19 on May 25th 2017 (Trust Board Meeting).
   6. **Diabetes Type 1**: noted that work was continuing with Diabetes UK and the LAS to implement recommendations made to the LAS at the Forum’s public meeting. NHS commissioning guidance for diabetes can be found at: [www.diabetes.org.uk/Professionals/Position-statements-reports/NHS-Diabetes-commissioning-documents-guidance/](http://www.diabetes.org.uk/Professionals/Position-statements-reports/NHS-Diabetes-commissioning-documents-guidance/)
3. **Impact of STP cuts on LAS funding**
   1. Noted that the data sent by STPs to the Forum was of such poor quality, that it was impossible to produce a report on the impact of STP plans on the provision of urgent and emergency care in London. No evidence could be found of the use of ‘equality impact assessments’ on STP plans even though they claimed to have carried them out. The LAS has aligned its geographical areas with the five STP areas in London, and allocated two senior staff to work with each STP area. Noted that Briony Sloper represents the LAS in the north east London sector.
   2. James Guest suggested that there was an underlying transparency failure in the functioning of STPs and suggested that this issue should be raised with the GLA Health Committee and the Health Select Committee, particularly in view of the loss of major health resources as a result of STP plans, e.g. Ealing Hospital.
   3. It was noted that the GLA may expand it health role in view of the significant changes which are planned for London’s NHS in the absence of public consultation.
   4. Concern was expressed about the degree of impact that the LAS was having on the STP plans.
   5. Members also expressed concern that despite the appalling waits by patients for emergency care in some A&Es and years of ambulance queuing, that there was a sustained failure of the hospitals and CCGs to ensure that A&Es were functioning in a way that safely and effectively served the needs of patients.

**Action:**

a) Invite representatives of the five STPs and LAS-STP representatives to a future Forum meeting (north east has agreed to attend).

b) Inform the GLA Health Committee and the parliamentary Health Select Committee of the Forum’s concerns and seek information about any investigations of STPs that they have carried out.

1. **CQC Summit**

Noted the results of the CQC reappraisal of the LAS would be available in June 2017 at the CQC Summit, which the Forum would be invited to attend. Date to be announced.

1. **Defibrillator Installation in Schools - Southwark Council**

The forum has contact the MP for Southwark, Neil Coyle, and all Southwark Councillors to promote the installation of defibs in all schools and the training of teachers, students and borough councillors in the use of defibs and CPR. Response from Neil Coyle was very positive but leader of Southwark Council has consistently failed to respond.

1. **Police and Crime Act 2017 – Amendment to the Mental Health Act**

Noted that this Act requires the police when detaining a person under the s136 of the Mental Health Act to seek advice and support from mental health professionals. The role of the LAS’s mental health nurses, and potentially of specially trained paramedics who are experts in mental health care, will be of increasing importance, as the duty of ‘parity of esteem’ between mental and physical health becomes embedded in NHS care and treatment.

1. **BRIONY SLOPER – DEVELOPING HIGHER QUALITY CARE IN THE LAS –**

**ANNUAL QUALITY ACCOUNT**

Production of the annual Quality Account is a statutory duty on all NHS providers to demonstrate how they will improve the quality of care provided to patients. Healthwatch, Overview and Scrutiny Committees, Clinical Commissioning Groups and community organisations like the Patients’ Forum are invited to submit statements to the QA and these statements cannot be amended by the providers. The final QA is published by the provider and by NHS Choices.

7.1 Briony drew attention to some of the major issues facing the LAS which

included:

* Demand for urgent and emergency care continuing to grow, especially Cat A
* Increased risk of terrorist attacks on London
* CQC inspections and special measures
* Great pressures on handovers of patients to A&E and A&E queues
* Focus on bullying and harassment and improved representation of black, minority and ethnic staff in our workforce

7.2 The LAS has partly responded by creating groups of more specialised staff an

approach that has been commended by the CQC. This groups include:

* Advanced paramedics for urgent care who can treat more patients in their homes
* Mental health nurses, midwifery, social workers and pharmacists
* Focus on mental health, end of life care, patient engagement
* Pharmacy
* Midwifery

Work is also developing to provide more specialised care for patients with

dementia and chronic illnesses.

7.3 Briony said that the LAS remained in special measures following the CQC

inspection in 2015, which rated it ‘inadequate’. Two further inspections of the

LAS had been carried out since June 2015, with a focussed inspection

undertaken in September 2016 and a comprehensive full trust inspection

completed between 7th - 9th February 2017. The CQC found that care

continues to be good, significant improvement in medicines management and

incident reporting and that more needed to be done in areas such as leadership

development, governance and risk management. The CQC also inspected the

LAS 111 service which was awarded an overall rating of ‘Good’ - the first time a

‘good’ rating had been given to an NHS 111 provider. The CQC would return in

June for a Quality Summit to report back on progress.

7.4 Improvements needed to respond better to patients who suffer heart attacks

and stroke – although the response to stroke is very positive. There are also

trials proceeding regarding the use for morphine for STEMI patients.

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|  | **LAS**  **2016/7**  **April to Oct** | **National average (Range)** | **LAS**  **2015/7** | **National average (Range)** |
| **STEMI patients** (heart attack) | 70.6% | 79.3%  (60.5% - 90.8%) | 70.5% | 78.6  (66.4% - 86.4%) |
| **Stroke patients** | 96.8% | 97.6%  (94.4% - 99.6%) | 97.2% | 97.6%  (96.2% - 99.7%) |

7.5 The new Clinical Strategy has been agreed by the LAS and it was agreed to

invite Dr Fenella Wrigley to the Forum in at the end of 2017 to discuss the

implementation and achievements of the strategy.

7.6 Regarding the staff survey, Briony said that out of the 88 questions asked in

both 2015 and 2016, the LAS scored significantly better in 2016 in 67

questions, 21 showed no statistically significant difference and none were

significantly worse. LAS remain at the lower level in terms of positive

responses when benchmarked against other Trusts, but in 23 questions,

LAS have seen significant improvements of more than 10%, including in:

•Appraisals and career progression

•Use of patient feedback

•Incident reporting

•Training

•Managers taking a positive interest in health and well-being of staff

•Staff looking forward to going to work

•Happiness with the standard of care provided

7.7 The percentage of staff experiencing harassment, bullying or abuse from

managers or other staff remains high, but there has been some improvement.



7.8 The percentage of staff believing the LAS provides equal opportunities for

career progression or promotion has increased from 60% to 73% (national

average 70%). The LAS has also focussed on equality and diversity by

employing Melissa Berry to lead on the WRES (Workforce Race Equality

Standard).

7.9 In relation to complaints to the LAS by patients, the number has dropped

slightly, but the key issues continue to concern delay and staff conduct. The

management of complaints will be the subject of intense focus in the 2017-8.

This will include the level of risk identified by complaints and the potential for

harm to the complainant and other service users if no action is taken.

7.10 The LAS has focussed significantly more resources on patient

engagement and this has included the Insight Project, which received funding

from NHS England, to work with patients who have sickle cell disorders,

COPD (chronic obstructive pulmonary disease) and personality disorders.

Briony said that the LAS is keen to do more work with other hard to reach

groups and to co-produce care pathways. Work with the RNIB has also

produce value insight into the needs of blind and partially sighted people.

7.11 The Sign Up to Safety Campaign has been a part of the Quality Improvement

programme for 2015-7. Briony said this work is led by the Learning from

Experience Group which looks at the triangulation of findings from

complaints, serious incidents and inquests to produce recommendations for

improved care. It has focussed on issues such as: airways management,

spinal immobilisation, cardiac arrest, septic shock and paediatric anaphylaxis

and tracheotomy. Briony said that the LAS has also make considerable

progress with implementation of the duty of candour.

7.12 Referring to medicines management, Briony said that a pharmacist has been

employed to provide expert advice and a datix system introduced

to improve incident reporting by front line staff and investigations where

things go wrong. There will also be improved training for front line staff.

7.13 The failure of the LAS to introduce mobile electronic technology will be

addressed in the current year, through tablet technology and a

Perfect Ward app to facilitate paperless medicines management audit and

real-time upload of audit results.

7.14 Infection control has been in a process of development for some time and

Briony said that ambulance station cleaning has improved substantially,

blankets are no longer re-used and a supply of 4 blankets is provided at the

start of each shift on each ambulance.

7.15 Briony said that mental health care is a priority for the LAS and that mental

health nurses provided advice for 1,236 mental health calls between April

2016 and January 2017, an increase of 69.08% on last year. Other mental

health developments include the production of dementia DVDs, which won a

national patient safety award, joint training of staff with a mental health trust,

diverting patients in crisis from A&E where an alternative pathway was

available and working with the s136 pan London group to develop better and

more appropriate care.

7.16 Regarding bariatric care, Briony described the plans to increase the number of

bariatric vehicles and map out areas of highest demand. She acknowledged

there were problems in providing a timely and appropriate response for some

patients, e.g. bariatric patients may wait extended periods for specialised staff,

equipment and vehicles. She added that manual training was an essential

component of the development of effective bariatric care and transport to A&E.

7.17 End of life care is a developing field for the LAS, in which training of front line

staff in holding ‘difficult conversations’ is a fundamental element. The

developing work with Coordinate my Care is also critical to ensure the patients

wishes are carried out, and this combined with the developing NETS transport

service enabling the LAS to meet patients needs more adequately

7.18 Briony described some of the LAS’s priorities for 2017/18, which are guided by

CQC requirement and include a greater emphasis on improving the safety of

patient care, by learning from incidents and complaints and ensuring that

services are transformed through this process. Other priorities will include

improving services for patients who fall, continuing the drive for better

mental health care, and improving care for people with critical conditions like

heart attacks, stroke and tracheotomies.

7.19 A focus on providing appropriate care to residents of care homes will also be a

priority in 17/18, particularly in relation to the high percentage of patients taken

to A&E. Providing an appropriate response to health care professional, e.g.

GPs and for frequent callers will also be prioritised.

7.20 Lastly, the development of a new National Early Warning system (NEWs)

for patients in ambulance queues is being developed, to ensure that these

patients don’t suffer harm as a result of long waits for admission to A&E.

**QUESTIONS TO BRIONY FROM MEMBERS**

7.21 Mike Roberts described the mental health group that he chairs in Hampshire

which has worked closely with the voluntary sector to set up a safe haven for

patients in crisis, e.g. those detained on s136 of the MH Act. The ‘safe haven’

works in collaboration with the MH department of Frimley Park Hospital and

works to keep patients safely in the community.

Briony agreed that this was the type of model that should be developed in

London and suggested that the LAS mental health nurses, working in

collaboration with mental health trusts and the voluntary sector in London,

should aim to work together to create safe havens in London. However, she

added that at the present time s136 patients can only be handed over to

mental health professionals in specialised units.

7.22 Kye Gbangbola, Chair of the Sickle Cell Society asked about the IT system

crash and how the LAS will prevent a similar crash and prevent potential harm

to patients.

Briony replied that there has been a serious incident investigation and an

external review, and as a consequence, a business plan has been produced

aiming to provide assurance that the system will not crash again. The formal

report will be published at the end of June.

7.23 Jan Marriott suggested that the process to increase capacity to meet demand,

needs to be complemented with recognition of the needs of carers and

relatives who may be with a person who has become ill or suffered harm. She

added that it is very difficult to meet the needs of a person who dying.

Briony agreed that the needs of carers must be taken into account and that

much more work needs to be done to ensure that patients at the end of life

have their wishes respected.

7.24 Audrey Lucas asked Briony how confident she was that the LAS has the right

leadership and management in place.

Briony said that although several people are leaving, e.g. the Chief Executive,

Director of Communications and the interim head of HR, that an outstanding

new team were taking over, e.g. Garrett Emmerson the new Chief Executive

and Trisha Bain the new Chief Quality Officer and that the middle management

team were very effective

7.25 Robin Kenworthy, complemented Briony on the report and asked if she had

compared the responses to the Quality Account from Healthwatch and the

OSC in Kent to that of London?

Briony replied that they had not compared community responses to other AS

Quality Accounts, but they felt the responses to the report were robust,

challenging and provided good feedback. She added that open forums would

be established for the public to comment on LAS’s services and that an event

is being organised focussing on BME groups and volunteering.

7.26 James Guest asked if the Quality Account should focus more on the impact of

knife crime and how the LAS deals with this issue in terms of potential harm

and safety.

Briony said that huge resources were put into speaking to young people about

the dangers of knives and knife crime; this included work with red-thread’. She

said that the use of safeguarding for you people involved in knife crime was

essential. She added that in some cases primary school children have been

involved in these activities.

7.27 Alvin Kinch (London Healthwatch representative) welcomed Briony’s

presentation and thanked her for attending and agreeing to collaborate with

Healthwatch across London. She said that HW welcomed the opportunity for

joint work.

7.28 Briony Sloper was thanked for her excellent presentation and the collaborative

nature of her response to the Forum’s proposals and recommendations to the

LAS

1. **The following reports were received:**

* Meeting with Trisha Bain and Briony Sloper, Quality - 20-4-17
* Meeting with Elizabeth Ogunoye, LAS commissioner - 3-5-17
* Meeting with Mark Hirst, equality and diversity - 31-3-17

1. **The LAS Academy**

9.1 Noted that 4 Forum members are working with the Academy and a report will be

available on this work for the next meeting of the Forum.

1. **Use of Taxis by the LAS**

10.1 Following a complaint from a patient who was sent a taxi to take her to

hospital instead of an ambulance, the Forum has taken the issue up with

Briony Sloper who is preparing a response. The patient believes she received

an inappropriate response from the LAS in relation to her serious medical

condition

1. LAS Performance Data was received for March and April for London and

each CCG area.

**12.0 AOB**

12.1 Robin Kenworthy reminded members that their local Healthwatch has an

opportunity to influence their local JSNA (Joint Strategic Needs Assessment)

and that this could be a useful opportunity to influence the effectiveness of

urgent and emergency care in their area. See note below.

**The meeting ended at 7.30pm**

**What is a Joint Strategic Needs Assessment?**

A Joint Strategic Needs Assessment (JSNA) is a process by which local authorities, clinical commissioning groups (CCGs) and other partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action. The JSNA is not just about health and personal social care services – it is also about the wider aspects of health including poverty, employment, education, public safety, housing and the environment. The purpose of the JSNA process is to use the information gathered to identify local priorities and support commissioners to commission services and interventions that are based on need. This achieves better health and wellbeing outcomes and reduces health inequalities.